

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. 10 / 530083 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT						
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50										
TOTAL IND.	2									
TOTAL DEP.	21									
TOTAL CLAIMS	23									

PTO-1566 (5-74)

•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U. S. GOVERNMENT PRINTING OFFICE